

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13072</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Victor</u> <u>Bobes</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>589 Britton Ave.</u> City <u>Staten Island</u> State <u>New York</u> ZIP Code + 4 <u>10304</u>	4. Name, file number, and address of labor organization. Name <u>Local Lodge 447, District #15 IAM</u> Labor Organization File Number <u>015-451</u> P.O. Box, Building and Room Number, if any <u>319</u> Street <u>55 Washington Street</u> City <u>Brooklyn</u> State <u>New York</u> ZIP Code + 4 <u>11201</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Victor Bobes

On

08/11/2005

Date

718-422-0090

Telephone Number

Name of Person Filing Victor Bobes

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name District 15 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2185 Lemoine Ave.

City Fort Lee

State New Jersey

ZIP Code + 4 07024

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Trustee meeting

11.b. Approximate dollar value of such dealing.

\$85

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Victor Bobes

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local Lodge 447 Fringe Benefit Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 1300 Connecticut Ave.

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Trustee Meeting

11.b. Approximate dollar value of such dealing.

\$28

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Victor Bobes

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Machinists Money Purchase Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2185 Lemoine Ave.

City Fort Lee

State New Jersey ZIP Code + 4 07024

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Trustee Meeting

11.b. Approximate dollar value of such dealing.

\$28

## 12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Victor Bobes

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name LL 447 Severance Bonus Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 Connecticut Ave., NW

City Washington

State New Jersey ZIP Code + 4 20036

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Trustee Meeting

11.b. Approximate dollar value of such dealing.

\$28

## 12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Victor Bobes

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank Trust &amp; Investment Service

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 Union Square West

City New York

State New York

ZIP Code + 4 10003

## 9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

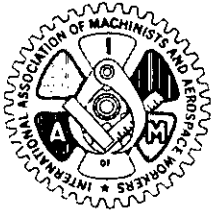
Holiday gift

11.b. Approximate dollar value of such dealing.

\$78

## 12.a. Nature of interest held or income received.

12.b. Amount.



## **District 15**

### ***International Association of Machinists and Aerospace Workers • AFL-CIO***

55 Washington Street, Suite 802, Brooklyn, NY 11201 • Tel: 718.422.0090 • Fax: 718.422.0177 • Email: [district.fifteen1@verizon.net](mailto:district.fifteen1@verizon.net)

To Whom It May Concern:

The first form I filed was incorrectly filled out. Enclosed you will find the correct form. Please file this second form.

Thank you,

*Victor Bobes*

Victor Bobes

Business Representative, LL 447